

SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER	PAGE OF PAGE	
2. CONTRACT NO. AG-04H1-B-12-7029	3. AWARD/EFFECTIVE DATE 04/24/2012 - 04/24/2015	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-12-7001	6. SOLICITATION ISSUE DATE 01/05/2012 12:20 PST		
7. FOR SOLICITATION INFORMATION CALL: Kermadine Barton			b. TELEPHONE NUMBER (No collect calls) 541-471-6746	8. OFFER DUE DATE/ LOCAL TIME 02/22/2012 16:00 PST		
9. ISSUED BY USDA Forest Service US Forest Service Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526			CODE	10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: _____ % FOR:		
			<input checked="" type="checkbox"/> SMALL BUSINESS	<input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) NAICS: 115310		
			<input type="checkbox"/> HUBZONE SMALL BUSINESS	<input type="checkbox"/> ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) SIZE STANDARD: \$ 17.5 million		
			<input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS	<input type="checkbox"/> 8(A)		
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS		<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING		
15. DELIVER TO			16. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526			
17a. CONTRACTOR/OFFEROR Central Oregon Fire Equipment Inc 4117 La Mesa Redmond, Oregon, 97756			18a. PAYMENT WILL BE MADE BY Refer to Exhibit B			
TELEPHONE NO. 541-923-0411			18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>						
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	VIPR I-BPA for Potable & Gray Water Trucks/Handwashing Stations (Trailer Mounted) for Region 6 - Pacific Northwest Region					
<i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>						
25. ACCOUNTING AND APPROPRIATION DATA				26. TOTAL AWARD AMOUNT (For Govt. Use Only)		
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-5 ARE ATTACHED. ADDENDA				<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED		
<input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA				<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED		
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>1</u> COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED			<input checked="" type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED 04/24/2012 . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR /s/ Donna Maxey			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) Donna Maxey -		30c. DATE SIGNED 02/16/2012	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 04/24/2012	

Schedule of Items

Item Description	Equipment ID	Dispatch Center	Rates
=====			
VIN Number: 1FDXK84A51VA44086			
Gray Water Truck Type 3	2	OR-COC	
		Daily Rate	\$980.00/Day
		Double Shift Rate	\$1617.00/Day
License #: YEAA286			
License State: OR			
Make: FORD			
Model: F800			
Model Year: 1990			
DOT Inspection Issue Date: 03/20/2012			
Insurance Policy Expiration Date: 08/28/2012			
Location City: REDMOND			
Location State: OR			
Water Capacity (gallons): 1000			
Pump Type: Vacuum			
Double Shift: Yes			

VIN Number: 1FDXR82A8LVA39124			
Gray Water Truck Type 3	90	OR-COC	
		Daily Rate	\$1080.00/Day
		Double Shift Rate	\$1782.00/Day
License #: YEAA 815			
License State: OR			
Make: FORD			
Model: L9000			
Model Year: 1990			
DOT Inspection Issue Date: 03/20/2012			
Insurance Policy Expiration Date: 08/28/2012			
Location City: REDMOND			
Location State: OR			
Water Capacity (gallons): 2300			
Pump Type: Vacuum			
Double Shift: Yes			

VIN Number: 1FDYK84A7NVA33338			
Gray Water Truck Type 3	92	WA-CCC	
		Daily Rate	\$1080.00/Day
		Double Shift Rate	\$1782.00/Day
License #: YEAA588			
License State: OR			
Make: Ford			
Model: F8F			
Model Year: 1992			
DOT Inspection Issue Date: 04/17/2012			
Insurance Policy Expiration Date: 08/28/2012			
Location City: Redmond			
Location State: OR			
Water Capacity (gallons): 2100			
Pump Type: Vacuum			

Double Shift: Yes

VIN Number: 1HTHCAHR2XH641362

Potable Water Truck Type 2 99

OR-BIC

Daily Rate \$1200.00/Day

Double Shift Rate \$1980.00/Day

License #:YEAA 589

License State:OR

Make:INTERNATIONAL

Model:8100

Model Year:1999

DOT Inspection Issue Date:04/20/2012

Insurance Policy Expiration Date:08/28/2012

Location City: REDMOND

Location State: OR

Water Capacity (gallons): 3250

Pump, Food Grade: Yes

Double Shift: Yes

VIN Number: 4374EYB10604

Potable Water Truck Type 2 75

OR-COC

Daily Rate \$1200.00/Day

Double Shift Rate \$1980.00/Day

License #:YEAA 587

License State:OR

Make:INTERNATIONAL

Model:4300

Model Year:1975

DOT Inspection Issue Date:04/20/2012

Insurance Policy Expiration Date:08/28/2012

Location City: REDMOND

Location State: OR

Water Capacity (gallons): 3250

Pump, Food Grade: Yes

Double Shift: Yes

Vendor Information

Company Name: Central Oregon Fire Equipment Inc

DBA:

DUNS: 045447211

Company Address:

4117 La Mesa

Redmond, Oregon, 97756

Mailing Address: same as above

Contact:

Name: Donna Maxey

Email: maxeyce@cbbmail.com

Daytime Phone: 541-923-0411

Evening/After Hours Phone: 541-480-7591

Cell/Alternate Phone: 541-280-4995

Fax: 541-923-0411

Discount Terms:

none

Business Status

HUBZone: N

Service-Disabled Veteran-Owned Small Business: N

8(a): N

Women-Owned Small Business: Y

Economically Disadvantaged Women-Owned Small Business: N

LSA Flag: N

Supporting Documentation

Has Insurance (other than Workers' Compensation): Yes

Has DOT inspection(s): Yes

Has Workers' Compensation Insurance: Yes

Workers' Comp. Insurance Expiration Date: 04/01/2012

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y